

**OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT**

| RD NO. HV600490

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

## "X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>MONTGOMERY, DAVID G</b>		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>10651</b>		ADDRESS OF OCCURRENCE <b>45 W 111TH ST</b>	
DATE OF APPOINTMENT <b>27-AUG-1990</b>		CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago)	
UNIT OF ASSIGNMENT <b>005</b>		LOCATION CODE <b>233-HOSPITAL BUILDING/GROUNDS</b> BEAT OF OCCURRENCE <b>0522</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>BLACK</b> DOB <b>[REDACTED]</b>		DATE OF OCCURRENCE <b>13-DEC-2012</b> TIME <b>08:19:00</b> DAY OF WEEK <b>THURSDAY</b>	
HEIGHT <b>600</b>		WEIGHT <b>195</b>	
NO. OF OFFICERS BATTERED <b>2</b>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>8</b>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS  How many? <input type="checkbox"/> 1. SHOT <input type="checkbox"/> 2. SHOT AT <input type="checkbox"/> 3. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 4. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 5. OTHER (INCLUDING VERBAL THREATS)	
MANNER OF ATTACK			
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER	
TYPE OF WEAPON/THREAT			
<input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
FIREARM USE INFORMATION			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION			
<input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>BLACK</b> CB NO. <b>01855729</b>		DOB <b>[REDACTED]</b> IR NO. <b>[REDACTED]</b>	
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN	
NO. OF OFFENDERS PRESENT? <b>1</b>		GANG RELATED?	
LIGHTING CONDITIONS AT INCIDENT			
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <b>LOG#</b> <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSSWINDS <b>105898</b>	
APPROXIMATE OUTDOOR TEMPERATURE: <b>30° F</b>			

CPD-11.451 (REV. 1/04)

Attachment 29

**Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).**

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REPORTING MEMBER - SIGNATURE  
**MONTGOMERY, DAVID G**

STAR NO.  
**10651**

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
**MOSTEK, CARLOS M**

**196**